Case 1:06-cy-00797-MHT-WC Documents Complete This Section	ment 22 Filed 01/18/2007 Page 1 of 1
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>Angela Denise Nails 342 S. Saint Andrews Street</li> </ul>	A. Signature  X
Apt 808 Dothan, AL 36301	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7006 2760	0002 8193 0340

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540